

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2		/					52		/		
3		/					53	/			
4		/					54		/		
5		/					55				
6		/					56				
7		/					57				
8		/					58				
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42	/						92				
43	/						93				
44		/					94				
45	/						95				
46		/					96				
47	/						97				
48		/					98				
49	/						99				
50	/						100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				